Name in Full

Certificate of Death

Died at Town Tilghman County Talbot MARYLAND

Date 19 04 Month Oct Day 10 | Age Y. — M. — D. 2 | Native of Md | Occupation —

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name Isaac Ballard Mother's Maiden Name Carrie Whittington

Cause of Death: Primary Premature birth | How long sick —

Immediate Atelectasis | Accident, ~~Suicide, Homicide~~

Reported by S. K. Wilson

Address Tilghman Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70808

Name in Full: Johnathan Porter Bartlett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Everton — County: Talbot

Date of death: Month: Oct — Day: 17 — 1904

Age: Years: 70 — Months: 7 — Days: 24

Sex: Male — Color or Race: White — Birthplace: Bowlers Rest, Md

Occupation: Farmer — Where Residing if not at place of death: ~

Married, Single or Widowed: Married — Name of Wife or Husband: Rebecca Turner Bartlett

Father's Name: Johnathan Bartlett — Father's Birthplace: Talbot Co., Md

Mother's Maiden Name: Mary Gordon — Mother's Birthplace: Md

Name of person giving Imformation: R. T. Bartlett — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dis. of Kidneys — How long: 1 yr

Immediate: Heart Failure — Uraemic Coma — How long: 12 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. Elsworth

Address: Everton, Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Rev Washington I. Bean

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Oxford — County: Talbot

Date of death 1904 — Month: Octo. — Day: Wenday — Age — Years: 43 — Months: 10 — Days:

Sex: Male — Color or Race: Black — Birthplace: Bermuda.

Married, Single or Widowed: Married — Occupation: Preacher. Bermuda.

Name of Wife or Husband: Elizabeth Bean

Father's Name: Samuel Bean — Father's Birthplace: Bermuda.

Mother's Maiden Name: Susan Bean — Mother's Birthplace: Bermuda.

Name of person giving In formation: Elizabeth Bean — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: Three weeks

Immediate: Nervous exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Elmore

Address: Oxford

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Ed. J. Brooks.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: St. Michaels — County: Talbot

Date of death 1904. Month: 10. Day: 30. Age — Years: 18. Months: 0 Days: 0.

Sex: Female — Color or Race: African — Birthplace: St Michaels

Occupation: None — Where Residing if not at place of death: St. Michaels

Married, Single or Widowed — Name of Wife or Husband:

Father's Name: Josiah Brooks. — Father's Birthplace: Talbot Co.

Mother's Maiden Name: Sarah J. McElway — Mother's Birthplace: Talbot Co.

Name of person giving Imformation: Josiah Brooks. — How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tubercul osis — How long: 3 years

Immediate: Cardiac Dropsy — How long: 9 Months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H. H. Eccles M.D.

Address: St. Michaels Md

Accident or Suicide?

LIBRARY BUREAU A88318

Name in Full — Certificate of Death

Littleton Cooper

Died at Sherwood (Town), Talbot (County), MARYLAND

Date 1904 Month 10-8 Day | Age Y. 4 M. 11 D. | Native of Sherwood | Occupation ——

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living ——

Husband / Wife of ——

Father's Name Joseph Cooper | Mother's Name Haelon Pinder

Cause of Death — Primary Gen. Anemia | How long sick 2 mos.

Immediate | Accident Suicide Homicide

54

Reported by W. W. Chairs.

Address Wilghman Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full — Certificate of Death

Mary A. Daley

Died at Town: Easton Dist. County: Talbot MARYLAND

Date 1904. Month: Oct. Day: 4 | Age Y. 64 M. 3 D. 7 | Native of Delaware | Occupation Wife

Male / Female — White / Colored — Married / Single / ~~Widow~~ / ~~Widower~~ / Divorced — Number of children living 9

~~Husband~~ / Wife of Cornelius O. Daley

Father's Name William Dill — Mother's Maiden Name Caroline

Cause of Death: Primary — General Paresis — How long sick 4 yrs.

Immediate

Accident, Suicide, Homicide

Reported by J. S. Garrison M.D.

Address Easton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72203

Name in Full: Richard Elliott

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died: Town: Near Easton; County: Talbot

Date of death: Month: Oct; Day: 15; Years: Age 0; Months: 0; Days: 2

Sex: Male; Color or Race: White; Birthplace: Md

Occupation: None; Where Residing if not at place of death: X

Married, Single or Widowed: Single; Name of Wife or Husband: X

Father's Name: Clayton R. Elliott; Father's Birthplace: Md

Mother's Maiden Name: Rosa Virginia Warren; Mother's Birthplace: Md

Name of person giving Imformation: Clayton R. Elliott; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tedious birth; How long: 24 hours

Immediate: Exhaustion; How long: after hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. R. Tippe

Address: Easton Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Alexander Gibson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Royal Oak — County: Talbot

Date of death 1904	Month	Day	Age	Years	Months	Days
	Oct	18th		70	—	—

TO BE ANSWERED BY NEAREST FRIEND

Sex	Male	Color or Race: Negro	Birthplace: Talbot
Married, Single or Widowed	Widowed	Occupation	Laborer
Name of Wife or Husband	Hermenia Gibson		
Father's Name	William H Gibson	Father's Birthplace	Talbot
Mother's Maiden Name	Henerita Thomas	Mother's Birthplace	Talbot
Name of person giving Information	Earnest R Gibson	How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Paralasis	How long	2 years
Immediate	Paralasis	How long	2 years.

66

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr S C Trippe M D

Address: Rev L W Hutchinson Royal Oak Md

Accident or Suicide? —

LIBRARY BUREAU A6P316

Name in Full: Ann Gibson

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) near Easton (County) Talbot

Date of death: Month Oct Day 19 1904

Age: Years 82 Months Days

Sex: Female

Color or Race: Black

Birthplace: Talbot Co.

Occupation: -

Where Residing if not at place of death:

Married, Single or Widowed: Widow

Name of Wife or Husband: William Gibson

Father's Name:

Father's Birthplace: Md

Mother's Maiden Name: Amy Stevens

Mother's Birthplace: Md

Name of person giving Information: Son

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old age

How long: Six months

Immediate:

How long:

1354

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: No Dr

Address: John B Fairbanks Sub Register Easton Md

Accident or Suicide?

LIBRARY BUREAU A8881

Name in Full: Gertrude Gibbons

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Everlasting County: Talbot

Date of death: Month: 1904 October Day: 19 Age: Years — Months: 6 Days: 10

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female Color or Race: Black Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Father's Birthplace: Md

Mother's Maiden Name: Annie Gibbons Mother's Birthplace: Md

Name of person giving Imformation: How related to deceased:

105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum How long: 1 mo

Immediate: Exhaustion How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jas. P. Smith

Address: Everlasting

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Theadore Roosevelt Green

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Easton; County: Talbot

Date of death: 1904; Month: Oct; Day: 13

Age: Years: —; Months: 6; Days: 11

Sex: Male

Color or Race: Black

Birthplace: Easton

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: Sing

Name of Wife or Husband:

Father's Name: James E Green

Father's Birthplace: Talbot Co

Mother's Maiden Name: Georgeanna Cool

Mother's Birthplace: Dunmore Co

Name of person giving Information: Father

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus

How long: 6 mo

Immediate: Exhaustion

How long:

1179 (179)

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Julius A Johnson

Address:

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A66618

Name in Full: George Hammond

CERTIFICATE OF DEATH

MARYLAND

Died in: Town: Hopkins Neck | County: Talbot

Date of death 1904: Month: Oct | Day: 30

Age: Years: 79 | Months: 1 | Days: —

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male

Color or Race: Negro

Birth-Place: Oxford Neck

Married, Single or Widowed: Widowed

Occupation: Farmer

Name of Wife or Husband: Lizzie Hammond

Father's Name: Geo Hammond

Father's Birthplace: Dont know

Mother's Maiden Name: Dirt Rowe

Mother's Birthplace: —

Name of person giving information: Edward Hamm

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diabales

How long: 18 Months

Immediate: Cond 50

How long: 3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Saml C Tapper

Address: Royal Oak Md

Accident or Suicide? —

LIBRARY BUREAU A89318

Name in Full: Cora Agnes Leaverton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Lewistown — County: Talbot

Date of death: Month: Oct — Day: 7th — Years: Age 22 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Talbot Co. Md

Occupation: Housework — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of ~~Wife or~~ Husband: Chas H. Leaverton

Father's Name: E. J. West — Father's Birthplace: Md

Mother's Maiden Name: Linda Warren — Mother's Birthplace: Md

Name of person giving Information: E. J. West — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Fever — How long: 3 weeks

Immediate: Exhaustion — How long: 2 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Julius A. Johnson

Address: Easton Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Frank Lee Morris

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Bozman — County: Talbot

Date of death: Month: Oct — Day: 6 — Age: Years: — Months: 8 — Days: 15

Sex: Male — Color or Race: White — Birthplace: Bozman

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Robert H. Morris — Father's Birthplace: Baltimore

Mother's Maiden Name: Ada L. Jump — Mother's Birthplace: Maryland

Name of person giving Information: R. H. Morris — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Colera Infantum — How long: 10 days

Immediate: — How long: —

105

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. J. B. Bullen

Address: St Michaels Md

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Murray

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Taylor Farm Near Queen Anne County: Talbot Co.

Date of death	Month	Day	Age	Months	Days
1904	Oct.	10th	One	one	

Sex: Girl

Color or Race: Negro

Birthplace: Some one who died

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Jones Murray

Father's Birthplace:

Mother's Maiden Name: Anna

Mother's Birthplace:

Name of person giving Information: Harter

How related to deceased:

179

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 2 son child on Sep. 3rd

How long

Immediate: 1904 + it had light diarrhoea + I have not been or seen it any medicine since

How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Bobby Hackett M.D.

Address: Queen Anne Md.

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Jacob Pilch

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brooklyn Island County: Talbot

Date of death: Month: 10 Day: 8th Year: 1904

Age: Years: 76 Months: Days:

Sex: Male Color or Race: White Birthplace: Baltimore

Occupation: Gardener Where Residing if not at place of death: —

Married, Single or Widowed: Married Name of Wife or Husband: Elizabeth Pilch

Father's Name: Jacob Pilch Father's Birthplace: Germany

Mother's Maiden Name: Elizabeth C. Wolf Mother's Birthplace: Germany

Name of person giving Information: Elizabeth Pilch How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Softening Brain How long: 6 months

Immediate: Exhaustion How long: one week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Julius A. Johnson

Address: Easton Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Cathrine Pollen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Easton | County: Talbot

Date of death: Month: Oct | Day: | 1904

Age: Years: 54 | Months: | Days:

Sex: Female | Color or Race: Col | Birthplace: Talbot Co

Occupation: Housewife | Where Residing if not at place of death: —

Married, Single or Widowed: Married | Name of Husband: Henry Pollen

Father's Name: | Father's Birthplace:

Mother's Maiden Name: | Mother's Birthplace:

Name of person giving Information: Henry Pollen | How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Bright's Disease | How long: 2 yrs

Immediate: Exhaustion | How long: 2/20 my week

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Julius A Johnson

Address:

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Theodore C Seymour

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Royal Oak — County: Talbot

Date of death 1904 — Month: Oct — Day: 22nd — Age — Years: 28 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Royal Oak

Married, Single or Widowed: Married — Occupation: Merchant

Name of Wife or Husband: Katie Seymour

Father's Name: William H Seymour — Father's Birthplace: Talbot Co

Mother's Maiden Name: Catherine Kiernan — Mother's Birthplace: Talbot Co

Name of person giving In formation: G A Seymour — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: two years

Immediate: Tuberculosis — How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Saml C. Tripka

Address: Royal Oak, Md

Accident or Suicide?

LIBRARY BUREAU A33818

Name in Full: Susie Shorter

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Easton — County: Talbot

Date of death: Month: Oct — Day: 10 — Year: 1904 — Age: Years: — Months: — Days: 3

Sex: Female — Color or Race: Black — Birthplace: Easton

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Spencer Taylor — Father's Birthplace: Easton

Mother's Maiden Name: Hattie Shorter — Mother's Birthplace: Caroline Co

Name of person giving Information: Spencer Taylor — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long: —

Immediate: 179 — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: no Dr

Address: John B Fairbank Sub Register

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Susie E Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cardova; County: Talbot

Date of death 1904: Month: Oct.; Day: 5; Age: Years: 14; Months; Days

Sex: Female; Color or Race: White; Birthplace: Talbot Co

Occupation: Child; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband: Child

Father's Name: S. P. Smith; Father's Birthplace: Dorchester Co

Mother's Maiden Name: Martha E. Price; Mother's Birthplace: Talbot Co

Name of person giving Imformation: Alonza Smith; How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever; How long: Two weeks

Immediate: Coma; How long: Several hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. W. Stacy M.D.

Address: Wye Mills, Talbot Co. Md.

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Chas. W. Spence

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Claiborne; County: Talbot

Date of death: Month: 10; Day: 22; Year: 1904

Age: Years: 44; Months: 2; Days: 16

Sex: Male; Color or Race: White; Birthplace: E. Annes Co. Md

Occupation: Captain of Steamboat; Where Residing if not at place of death: Claiborne Md

Married, Single or Widowed: married; Name of Wife or Husband: Sadie Spence

Father's Name: Jno J. Spence; Father's Birthplace: E. Annes Co Md

Mother's Maiden Name: Martha J. Jones; Mother's Birthplace: E. Annes Co Md

Name of person giving information: Jno Spence; How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Heart Disease; How long: 37 years

Immediate: Valvular Heart Disease; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. B. Glascock

Address: St. Michaels Md

Accident or Suicide? —

LIBRARY BUREAU A66816

Name in Full: Ollie Stewart

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Newtown — County: Talbot

Date of death 1904	Month	Day	Age: Years	Months	Days
	Oct.	11	9	6	+

Sex: Male — Color or Race: Negro — Birthplace: Talbot

~~Married~~, Single or ~~Widowed~~ — Occupation: + +

Name of Wife or Husband: +

Father's Name: Chas. Stewart — Father's Birthplace: Maryland

Mother's Maiden Name: Rosa Hardon — Mother's Birthplace: " "

Name of person giving information: Father Chas. Stewart — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever. — How long: one month

Immediate: Intestinal Hemorrhage — How long:

Are the name, age, sex, color, date and place correctly given above? They are

Signature of Physician: Chas. H. Rose

Address: Cordova, Md.

Accident or Suicide? +

LIBRARY BUREAU A88518

Name in Full

Certificate of Death

Alfred Tilghman

Died at Town: Tilghman County: Talbot MARYLAND

Date 1904 Month: Oct Day: 3 | Age Y. 45 M. D. | Native of State | Occupation Oyster Shucker

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name: Not Known | Mother's Maiden Name: Not Known

Cause of Death — Primary: 79 | How long sick: 5 Months

Immediate: Valvular Disease Heart | Accident, Suicide, Homicide: Supposed Natural

Reported by: Dr. S. K. Wilson

Address: Tilghmans Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000

Name in Full: Edward Henry Williams

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Easton — County: Talbot

Date of death: Month: October — Day: 7th — Year: 1904

Age: Years: 0 — Months: 11 — Days: 4

Sex: M — Color or Race: Black — Birthplace: Easton

Occupation: Infant — Where Residing if not at place of death: —

Married, Single or Widowed: S — Name of Wife or Husband: —

Father's Name: Augustus Miller — Father's Birthplace: Md

Mother's Maiden Name: Nora Blanche Williams — Mother's Birthplace: Md

Name of person giving Information: Nora B. Williams — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bronchitis — How long: 3 weeks

Immediate: Convulsions — How long: 1 week

105

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: [illegible]

Address: Easton Md

Accident or Suicide?

LIBRARY BUREAU A8881G

Name in Full: Rosa Dragott

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hardy Hill — County: Talbot

Date of death: Month: 10 — Day: 1 — 1904

Age — Years: 97 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Bohemia

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Husband: —

Father's Name: Peter Student — Father's Birthplace: Bohemia

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: Thos. Rossick. — How related to deceased: Son-in-law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long: —

Immediate: Old age — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Joseph A Ross M D

Address: Trappe, Talbot Co. Md

Accident or Suicide? —

LIBRARY BUREAU A66816